

Exhibit A

ADORNO & YOSS

A LIMITED LIABILITY CORPORATION
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VICKIE S. CARLTON-SADLER

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May 20, 2009

Fred C. Abbott
Abbot Law Firm PA
2929 Plummer Cove Road
Jacksonville, FL 32223

G. Brinson Williams (761700)
Jones, Osteen and Jones
P.O. Box 800
Hinesville, GA 31310

Re: Charles D. Hall, Sr. v. 84 Lumber Company, L.P.

Gentlemen:

Enclosed please find 84 Lumber Company's First Request for Production of Documents, First Interrogatories and First Request for Admissions.

Also enclosed is an Authorization to Release Medical Records which we need your client, Charles Hall, to execute. Please forward the executed release back to me at your earliest convenience in the self-addressed, stamped envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Vickie S. Carlton-Sadler

VSCS/cdh
Enclosures

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Name: Charles D. Hall, Sr.

Date of Birth: _____ Social Security No.: _____

Facility/Provider's Name: _____

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation, 45 CFR § 164.508, the above listed provider/facility is hereby authorized to release to the law firm of **ADORNO & YOSS, LLC**, or any of its representatives, all medical records, meaning every page in my records, including but not limited to, office notes, face sheets, discharge summaries, history and physicals, consultation notes, intra-operative records, anesthesia records, operative reports, recovery room, pathology reports, medication administration records, EKG reports, EKG strips, EEG reports, EEG strips, therapy notes, orders, progress notes, laboratory results, nurses notes, vital sign sheets, intake/output records, reports and films of all x-rays, mammograms, CT scans, MRIs or PET scans, respiratory therapy records, nutrition records, social worker records, transfusion records, code sheets, consent forms, autopsy report, labor flow sheets, labor and delivery summary, delivery summary/report/note, fetal monitor strips, nursery records, emergency room records, transfer records, discharge instructions, personal property lists, in-patient records, clinic records, correspondence, photographs, videotapes, telephone messages, computer generated information, medical bills, pharmacy and drug records, health insurance, insurance claim forms, insurance payment forms, Medicaid or Medicare records, concerning any medical treatment that I have received from such provider/facility or any of its employees or agents, or which the provider/facility keeps in the regular course of business.

The purpose of this authorization and request is to allow **ADORNO & YOSS, LLC** to obtain ALL medical information pertaining to my physical condition(s), as it may be relevant to certain litigation in which I am a party.

I hereby authorize attorneys of the law firm of **ADORNO & YOSS, LLC** to take testimony at deposition or trial as may be requested.

I understand that I have the right to revoke this authorization at any time by providing written notice of revocation to the above-listed provider/facility and the law firm of **ADORNO & YOSS, LLC**. However, I also understand that the revocation shall not prohibit the disclosure of information that is released in reliance on this authorization prior to receipt of the revocation by the provider/facility.

*Initials _____

Unless otherwise revoked, this authorization will expire three (3) years from the date of signature. A photostatic copy of this authorization shall be as valid as the original.

I understand that my medical providers may not condition treatment or payment on whether I execute this authorization. I also understand that the information disclosed pursuant to this authorization may be subject to re-disclosure and will no longer be protected by the privacy regulations promulgated pursuant to the Health Information Portability and Accountability Act (HIPAA).

I have read and understood fully this authorization prior to signing this authorization, and my signature is given freely and voluntarily.

By: _____
Charles D. Hall, Sr.

Date

Medical information with regards to HIV, drug abuse, or psychiatric problems are defined by HIPAA as protected health information. This information is NOT authorized by the patient to be released.

*Initials _____